ground water levels instead of allowing it only to sweep the top soil layers into the rivers; and

(c) if not, what are the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF WATER RESOURCES (SHRIMATI KRISHNA SAHI): (a) to (c) Information is being collected and will be laid on the Table of the House.

Death of Students due to AIDS

550. SHRI S- S. AHLUWALIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

ia) wnether he is aware that a number oi students died of 'AIDS' in the country since 1980 onwards; if so, the year-wise number of Indian and Foreign students died separately in Delhi, Bihar and Madhya Pradesh particularly;

(b) what is the number of Indian and Foreign student;, who are still surviving on treatment;

(c) what and the reasons that Government have not been in position to check this disease in the country so far, inspite of various research Work done in this field; and

(d) what are the details of steps taken or proposed to be taken to eradicate this diselase in the country to the extent possible?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI MOTI LAL VORA): (a) to (d) Information is being collected and will be laid on the table of the Sabha.

Infant Mortality Rate

551. SHRI GURUDAS DAS GUPTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Infant Mortality Rate (IMR) in the country is 105 per thousand, one of the highest in the world;

(b) whether it is also a fact that the IMR in rural India is 140 per thousand accounting for 30 per cent of all deaths in the country;

(c) what are the State$_s$ which are below national average and those which are over the average;

(d) what are the main reasons for such a high IMR rate and what are the concrete steps taken/proposed to control this proWerri: and

(e) what is the IMR In some of ***tha*** developing and developed countries indicating India's positio,, therein?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI MOTI LAL VORA): (a) and (b) The latest provisional estimate of Infant Mortality Rate as obtained 'from Sample Registration Systen of Registrar General of Indi$_a$ is 95 per thousand live biil'ns for the yeal 1987. The infant mortality rate as compared to some of the Asian [African countries is lower in India (Statement—I *See* below),

The infant molality rate is 104 for rural areas during the year 1987. The percentage Qf infant deaths (provisional) in rural areas to total deaths in the country is 24.8 for the year 1987.

(c) Tlie States of Assam, Bihar, Gujarat, Madhya Pradesh. Orissa, Rajasthan and Uttar Pradesh have infant mortality rate higher than the national level during 1987 and the States of Andhra Pradesh, Haryana. Himachal Pradesh, Jammu & Kashmir, Karnataka, Kerala, Maharash-! tra; Punjab. Tamil Nadu and West Bengal have infant mortality rate below the national level during the same year, as-given in Statement n. *(See* below).

(d) The main reasons for high infant mortality rate in the country are Prematurity, Disorders of respiratory system. Diarrhoea, Tetanus. Mal-Nutrition etc. The steps taken by the Government of India to control the infant mortality uv elude improvement of health infrastrue' ture, training of health manpower, health education, adoption of "risk approach*'.

universal immunisation of children and pregnant women, oral rehydration therapy in diarrhoeal diseases, promotion of breast - feeding and proper weaning practices, prophylaxis against nutritional anaemia ary supplementary nutrition undei the ICDS.

(^) As in (a) and (K) read with State. menti.

Statement-I

Infant Mortality Rate inselected countries, 1980-85

Country	Infant Mortality (1980-85)
Morocco	149
Somalia .	155
Uganda	160
Iraq .	77
Turkey	153
Afghanistan	181 6
Bangladesh	128
Nepal .	139
Sri Lanka	32.3
Federal Republic of Germany	9 6
United Kingdom	9.6
United States .	10.5
INDIA. .	95*

* 1987 (Provisional)

Source: Family Welfare Programme ir Tndia Year Baok.1986-87, Dept, of Family Welfare.

Statement-II

Infant Mortality Rate—1-9-87 (Provisional)

State	IMR
Andhra Pradesh	79
Assam	102
Bihar	102
Gujarat	97
Haryana .	87
Himachal Pradesh	83
Jammu & Kashmir	73
Karnataka .	75
Kerala . .	26
Madhya Pradesh	119
Maharashtra	66
Orissa .	126
Punjab	62
Rajasthan	103
Tamil Nadu	76
Uttar Pradesh.	126
West Bengal	72
INDIA	95

Study Conducted by Nagrik Mahamari Janch Samiti on Cholera in Delhi

552. SHRI N. E. BALARAM:
SHRl CHATURANAN MISHRA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government attention has been drawn to a study conducted by Nagrik Mahamari Janch Samithi on the Cholera epidemic in Delhi;

(b) if so, whether it is a fact that the study has found that the real casualty was about 1500 people against the official estimated death of 300 people; and

(c) if so, what are the other findings of the study and Government's reaction thereto?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI MOTI LAL VORA): (a) The Ministry of Health and Family Welfare is not aware of an}' study conducted by Nagrik Mahamari Janch Samithi on Cholera epidemic in Delhi.

(b) anj (c) Does not arise.

Indo-Pak talks o$_n$ Siachen Issue

553. SHRI YALLA SESI BHUSHANA RAO: Will t'ne Minister of DEFENCE b$_e$ pleased to state:

(a) whether the fou'th round of the Indo-Pak talks on the Siachen issue held during the September have failed; and

(b) if so, what were the main reasons for the failure and whefner there have been more clashes in this area during last September and October; if so, what are the details thereof?

THE MINISTER OF STATE IN THE DEPARTMENT OF DEFENCE PRODUCTION AND SUPPLIES IN THE MINTSTRY OF DEFENCE (SHRI CHINTAMANI PANIGRAHI): (a) and (b) During the fourth round of Indo-Pak talks on Siachen issue both sides reterat ed their commitment to work for a peaceful and negotiated settlement in accordance with the Simla Agreement. It was also